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APPLICANTS

Uichi Ikeda, Matsumoto, JAPAN;

Tohru Yoshioka, Matsumoto, JAPAN;
 Yoshikazu Maeda, Kaminokawa-machi, JAPAN; Masahisa Shimpo, Minamikawachi-machi, JAPAN; *Dr*
 Kazuyuki Shimada, Utsunomiya, JAPAN;
 Keiya Ozawa, Minamikawachi-machi, JAPAN;
 Tatsuya Nomoto, Higashine-shi, JAPAN;
 Takashi Okada, Minamikawachi-machi, JAPAN;
 Hiroaki Mizukami, Minamikawachi-machi, JAPAN;

** CONTINUING DATA *****

This appln claims benefit of 60/420,348 10/21/2002 *Dr*

** FOREIGN APPLICATIONS *****

No *Dr*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 03/08/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 20	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

ADDRESS

31048
 ROBINS & PASTERNAK LLP
 1731 EMBARCADERO ROAD
 SUITE 230
 PALO ALTO, CA
 94303

TITLE

Methods for treating and preventing vascular disease

<p>FILING FEE RECEIVED 536</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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